



RESOLUTION 2006-1 SUPPORTING SMOKE-FREE ENVIRONMENTS

Approved September 14, 2006

Whereas, asthma is a significant public health concern in Indiana as follows:

- In 2005, an estimated 8.2% of Indiana adults had asthma;¹
- In 2005, an estimated 9.5% of Indiana children had asthma;²

Whereas, asthma is a significant economic burden to our state and nation as follows:

- The direct medical lifetime costs for a person with asthma are estimated to range from \$50,000 to \$220,000;³
- In 2004, asthma was estimated to burden our nation with an estimated 16.1 billion dollars in direct and indirect costs;⁴

Whereas, the State of Indiana has adopted and is implementing a comprehensive plan to reduce the burden of asthma among Hoosiers;⁵

Whereas, tobacco use, which includes secondhand smoke, is the leading cause of death and disease in the United States and Indiana.⁶

Whereas, smoking is hazardous to health, and

- exposure to tobacco smoke produces immediate and long-term health effects such as heart disease, stroke, lung cancer, and respiratory disease, asthma and exacerbation of asthma;⁷
- exposure to secondhand smoke is particularly hazardous to some persons including individuals with cardiovascular disease; individuals who have impaired respiratory function, including asthmatics and individuals with obstructive airway disease; and the elderly;⁸
- smoking during pregnancy is associated with poor health outcomes such as low birth weight, growth retardation, spontaneous abortions, and prenatal exposure to secondhand smoke affects the mental development of children;⁹
- children exposed to secondhand smoke have an increased risk of respiratory infections, sudden infant death syndrome, developmental abnormalities, cancer, and asthma;¹⁰
- exposure to tobacco smoke in the workplace poses a significant risk to workers, and employees who work in smoke-filled businesses suffer a 25-50% higher risk of heart attack and higher rates of death from cardiovascular disease, cancer, increased short-term respiratory disease and measurable decreases in lung function.¹¹

Whereas, Indiana bears a greater health burden from exposure to tobacco smoke than other states, and

- nearly 27.3% or 1.3 million adults in Indiana smoke cigarettes, and the prevalence of Hoosier adult smokers is consistently above the U.S. average and places Indiana 2nd among all states in adult smoking prevalence;¹²
- 9,700 Hoosier deaths each year are attributable to smoking, and these deaths place Indiana 8th among all states in smoking attributable deaths;¹³
- the proportion of women smoking in Indiana (25%) is higher than the national average (19.2%);¹⁴
- Indiana has one of the highest smoking rates among pregnant women (18%) in the United States;¹⁵
- 21.3% of Indiana high school students and 7.8% of middle school students report smoking,¹⁶ and only 25 counties have all tobacco free school districts.¹⁷

Whereas, Indiana's health care costs related to smoking are enormous, including

- an annual medical cost of \$1.9 billion;
- Medicaid expenditures of \$448 million; and
- \$5.73 for every pack of cigarettes sold in Indiana.¹⁸

Whereas, reducing or eliminating exposure to tobacco would have wide ranging benefits to Indiana's economy, including

- an increase of more than 175,000 jobs;
- an increase of \$28.7 billion in personal income;
- an increase of more than \$100 billion in cumulative new investment; and
- an increase in annual per capita income of \$108.¹⁹

Whereas, the only effective way to eliminate the health dangers posed by exposure to secondhand tobacco smoke is to prohibit smoking, and

- both the United States Environmental Protection Agency²⁰ and the U.S. Surgeon General²¹ have made this determination and have further determined that ventilation alone cannot eliminate the known toxins in secondhand smoke;
- policies to reduce smoking indoors can decrease the number of cigarettes smoked each day and increase the number of smokers who quit smoking;²²
- economic studies have shown that laws requiring workplaces to be smoke-free have either shown no difference or a positive economic impact as a consequence of enactment of these laws.²³

Therefore, be it resolved that the Indiana Joint Asthma Coalition:

Supports local community efforts and state legislation to require 100% smoke-free public places, including restaurants, bars, and workplaces.

Supports Indiana Tobacco Prevention and Cessation coalitions and other interested parties that are working with school districts to ensure that tobacco use is not allowed on school campuses.

Supports adoption of comprehensive smoke-free ordinances throughout communities in Indiana, and opposes the use of separation and ventilation as attempts to reduce exposure to tobacco smoke.

Will distribute a copy of this resolution to all members of the Indiana Legislature, and other organizations, which promote smoke-free communities, workplaces, and schools in Indiana.

¹ Centers for Disease Control and Prevention (CDC), *Behavioral Risk Factor Surveillance System Survey Data*, Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, (2005 Indiana Data). Accessed May 23, 2006 <<http://www.cdc.gov/brfss>>

² Indiana State Department of Health. *Indiana Behavioral Risk Factor Surveillance System (BRFSS)*, 2005.

³ Indiana State Department of Health, *The Burden of Asthma in Indiana*, "Cost of Asthma," pg 13 as cited in *U.S. EPA Cost of Illness Handbook*, Indianapolis, Indiana: Indiana Joint Asthma Coalition, updated December 2004. Accessed May 23, 2006 <<http://www.in.gov/isdh/programs/asthma>>

⁴ American Lung Association, *Trends in Asthma Morbidity and Mortality 2006 (July 2006)*, American Lung Association, Epidemiology and Statistics Unit, Research and Program Services, Accessed August 31, 2006 <www.lungusa.org/atf/cf/{7A8D42C2-FCCA-4604-8ADE-7F5D5E762256}/ASTHMA06FINAL.PDF>

⁵ Indiana State Department of Health, *A Strategic Plan for Addressing Asthma in Indiana*, Indianapolis, Indiana: Indiana Joint Asthma Coalition, the Indiana State Department of Health and the Indiana Department of Environmental Management, December 2004, Accessed May 23, 2006 <<http://www.in.gov/isdh/programs/asthma/pdfs/IndianaAsthmaPlan.pdf>>

⁶ Centers for Disease Control and Prevention (CDC), *The Health Consequences of Smoking: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, (2004), Accessed May 15, 2006 <http://www.cdc.gov/tobacco/sgr/sgr_2004>

⁷ Ibid

⁸ Ibid

⁹ Ibid

¹⁰ Ibid

¹¹ Ibid

¹² Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

¹³ Centers for Disease Control and Prevention. "Smoking-Attributable Mortality, Morbidity, and Economic costs (SAMMEC): Adult SAMMEC and Maternal and Child Health (MCH) SAMMEC software. Accessed September 28, 2005 <<http://www.cdc.gov/tobacco/sammec>> IN: "Smoking Attributable Deaths by State, 2001." Indiana Tobacco Prevention and Cessation, Research and Evaluation, Fact Sheets, October 27, 2003. Accessed May 10, 2006 <<http://www.itpc.in.gov>>

¹⁴ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.

¹⁵ Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team, *Indiana Natality Report*, State and County Data, 2004. Indianapolis, Indiana: Indiana State Department of Health.

¹⁶ Indiana Tobacco Prevention and Cessation, Research and Evaluation, Evaluation Reports, "Indiana Youth Tobacco Survey 2004 YTS Highlights Report," October 26, 2005. Indianapolis, Indiana: Indiana Tobacco Prevention and Cessation. Accessed November 12, 2006 <<http://www.itpc.in.gov>>

¹⁷ Indiana Tobacco Prevention and Cessation, Research and Evaluation, Fact Sheet, "Indiana's Tobacco Burden," July 10, 2006, Indianapolis, Indiana: Indiana Tobacco Prevention and Cessation. Accessed May 10, 2006 <<http://www.itpc.in.gov>>

¹⁸ Ibid. Fact Sheet, "Indiana's Tobacco Burden," July 10, 2006, Indianapolis, Indiana: Indiana Tobacco Prevention and Cessation. Accessed May 10, 2006 <<http://www.itpc.in.gov>>

¹⁹ Patrick M. Barkey. 2005. The Economic Impact of Tobacco Use in Indiana. Final Report. Bureau of Business Research, Muncie, Indiana: Ball State University.

²⁰ U.S. Environmental Protection Agency, "Indoor Air Pollution: An Introduction for Health Professionals," EPA 402-R-94-007, 1994.

²¹ U.S. Department of Health and Human Services. *The health consequences of involuntary smoking: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1986. (DHHS Publication No. (CDC) 87-8398)

²² Centers for Disease Control and Prevention, The Guide to Community Preventative Services Systematic Reviews and Evidence Based Recommendations, "Effect of Smoking Bans and Restrictions on Reducing Exposure to Environmental Tobacco" and "Evidence Summary Table," Accessed May 14, 2006 <<http://www.thecommunityguide.org/tobacco/tobac-int-smoke-bans.pdf>> and

<<http://www.thecommunityguide.org/tobacco/tobac-ev-table-smoke-bans-ets.pdf>>

²³ Ibid. "Effect of Bans and Restrictions on Reducing Exposure to Environmental Tobacco Smoke"

<<http://www.thecommunityguide.org/tobacco/tobac-int-smoke-bans.pdf>>